

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient you have the RIGHT to:

- Receive necessary care, regardless of your race, gender, language, origin or source of payment.
- Be respected for your cultural, spiritual and personal values, dignity, beliefs and preferences.
- Privacy during care, examination, treatment and conversations with your physician and other health care providers.
- Be addressed by name and informed about the names of the doctors, nurses and other health care team members involved in your care.
- Complete information regarding diagnosis, condition, medication, risk of each treatment, outcomes and necessary care to be taken after discharge from hospital.
- Be involved in the decisions that affect your care, services or treatment.
- Have your doubts clarified before signing General Consent Forms and Consent Forms for Surgery /Anaesthesia /High-Risk Procedures.
- Be informed about pain and pain relief measures.
- Refuse treatment, request a change of doctor or get a second opinion.
- Protection from physical abuse and neglect.
- Be provided complete explanation regarding your transfer to another facility and the alternatives available.
- Say “Yes” or “No” to experimental treatments and to be advised when a physician is considering you to be part of a medical research programme.
- Express your concerns, complaints and grievances to any of our Hospital Staff / Contact Customer Care.
- Confidentiality of your medical records and any other information provided by you. Exceptions to this would be for cases involving a second opinion, the law or insurance.

- Access your medical records.
- Know the rules and regulations of the hospital.
- Know the expected cost regarding your treatment and to have your bill explained.
- Information and access in case of emergency.

As a patient you are RESPONSIBLE for:

- Providing accurate information about your habits, health, past illness, hospitalization, allergies, and current and past use of medication.
- Reading all Medical Forms and Consent Forms thoroughly and asking for explanations before you sign them.
- Following the treatment plan recommended by your doctor and realizing that you must accept the consequences if you refuse.
- Informing us of any doubts and changes in your condition and symptoms, including pain.
- Actively participating in your treatment and pain management plan and keeping your doctors and nurses informed of the effectiveness of your treatment.
- Accepting financial responsibilities and settling your bills promptly.
- Following our policies regarding non-smoking, noise, visiting hours, number of visitors and other rules and regulations.
- Taking care of your valuables, belongings and informing us of any wrongdoing.
- Keeping your scheduled appointments and letting us know in advance if you are unable to keep them.
- Reporting any issues, complaints or concerns that may affect your care.
- Respecting all employees of the hospital.
- Not asking for any false certificate or unlawful practices.

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HOSPITAL



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OUTPATIENT CLINIC

Units of **FERNANDEZ FOUNDATION**